PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1 2 (-1/2	
1276547	/

(Column 1) (Column 2)							SMALL TYPE	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS			90			÷	RATE	FEE	ם ה	RATE	FEE
FOR			NUMBER FILED		JIIMB	ER EXTRA	BASIC F		. _		
					1011111	7)		303.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20= *			, —	X\$ 9=		OR	X\$18=	
<u> </u>	DEPENDENT C			minus 3 = * U			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=	·
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	200
	C	LAIMS AS A	MENDED			_	OTHER	THAN			
_	,	(Column 1)	,	(Column :		(Column 3)	SMALI	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	LY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	*	Minus	##		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X43=		OR	X86=	**
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	+290=	
							+145= TOTA		 '	TOTAL	
		(Column 1)		(Column 2	٥١	(Column 3)	ADDIT. FE	Ē L	1 011	ADDIT. FEE	
m		CLAIMS		HIGHEST				ADDI-	7 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	·	NUMBER PREVIOUSL PAID FOR	_Y	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
NON	Total	*	Minus	**		÷ .	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	###		=	X43=		1 1	X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT CLA	AIM	. 🗆		 	OR		
							+145=		OR	+290=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Column 2	2) ((Column 3)					•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		= .	X43=			X86=	-
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					740=		OR	×00=		
+ 16	the intry in colum	nn 1 is lose than the		on 2 umite *A* :-	. acl		+145=		OR	+290=	
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
7	he "Highest Num	ber Previously Paid	For (Total or	Independent) is	the h	o, enter "3." lighest number f		propriate box			